



## Nebraska State Fire Marshal

246 South 14<sup>th</sup> Street  
Lincoln, NE 68508  
402-471-9465

# Notification for Underground Storage Tanks

SFM Facility # \_\_\_\_\_

Type of Notification	State Use Only
<input type="checkbox"/> New Facility <input type="checkbox"/> New Tank Installation <input type="checkbox"/> Piping Installation/Replacement <input type="checkbox"/> Other _____	Date Received: _____ Data Entry: _____ Owner contacted to clarify responses, COMMENTS
<b>INSTRUCTIONS AND GENERAL INFORMATION</b> Please type or print in ink. If more than 5 tanks are owned at this location, you may photocopy pages 2 and 3 and use them for additional tanks.  <b>Who Must Notify?</b> Section 9002 of RCRA, as amended, requires owners of USTs that store regulated substances (unless exempted) to notify designated State or local agencies of the existence of their USTs. "Owner" is defined as: In the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an UST used for storage, use, or dispensing of regulated substances; or In the case of an UST in use before November 8, 1984, but no longer in use on that date, any person who owned the UST immediately before its discontinuation. Also, any facility with changes to facility information or UST system status, must submit an amended notification form.  <b>Where To Notify?</b> Send original completed form to: <b>Nebraska State Fire Marshal Fuels Division—FLST Section 246 South 14<sup>th</sup> Street Lincoln, NE 68508</b>  <b>When To Notify?</b> 1. Owners of USTs in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring USTs into use after May 8, 1986, must notify within 30 days of bringing the UST into use. 3. If the State requires notification of any amendments to facility, send information to State agency immediately.  <b>Penalties:</b> Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$11,000 for each tank for which notification is not given or for which false information is given.	
<b>I. Ownership of UST(s)</b>	<b>II. Site Location of UST(s)</b>
Owner Name (Corporation, Individual, Public Agency, or Other Entity) _____  Street Address _____  County _____  City _____ State _____ Zip Code _____  Phone Number (Include Area Code) _____ Email (Optional) _____	Facility Name _____  Street Address _____  County _____  City _____ State _____ Zip Code _____  If required, give the geographic location of USTs by degrees, minutes, and seconds. Example: Latitude 42° 36' 12" N, Longitude 85° 24' 17" W  Latitude _____ Longitude _____
<b>III. Type of Owner</b>	<b>IV. Indian Country</b>
<input type="checkbox"/> State or Local Government <input type="checkbox"/> Federal Government <input type="checkbox"/> Private or Corporate	<input type="checkbox"/> USTs are located on land within an Indian Reservation or on trust lands outside reservation boundaries. <input type="checkbox"/> USTs are owned by a Native American nation or tribe Tribe or Nation where USTs are located: _____
<b>V. Type of Facility</b>	<b>VI. Contact Person In Charge of Tanks</b>
<input type="checkbox"/> Marketing (including Bulk Plants) <input type="checkbox"/> Non-Marketing <input type="checkbox"/> Government	Name _____ Job Title _____ Phone _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections I through VI of this notification form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

\_\_\_\_\_  
Name and title of owner/owner's authorized representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
<b>1. Status of Tank</b> (check only one)  Currently In Use <input type="checkbox"/> Temporarily Out of Use <input type="checkbox"/> Permanently Out of Use <input type="checkbox"/> For tanks taken out of use, specify: Date last used: (dd/mm/yy) _____  Estimated quantity of substance remaining (gal) _____					
<b>2. Date of Installation</b> (month/year)					
<b>3. Total Capacity</b> (gallons)					
<b>4. Substance Stored</b>  Gasoline <input type="checkbox"/>  #1 Diesel <input type="checkbox"/> #2 Diesel <input type="checkbox"/> E—Diesel (Indicate % ethanol _____) <input type="checkbox"/> Soy Diesel <input type="checkbox"/>  Gasohol—E-10 <input type="checkbox"/> E-85 <input type="checkbox"/> E-95 <input type="checkbox"/>  Kerosene <input type="checkbox"/>  Heating Oil (Indicate # _____) <input type="checkbox"/>  Used Oil <input type="checkbox"/>  If Other, please specify here _____  <b>Hazardous Substance</b> <input type="checkbox"/>  CERCLA name and/or CAS number _____  <b>Mixture of Substances</b> <input type="checkbox"/>  Please specify here: _____					

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
<b>5. Material of Construction : Tanks</b>					
(check all that apply)					
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Galvanic or Sacrificial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coated and Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel Clad with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Other, please specify here	_____	_____	_____	_____	_____
Check box if tank has ever been repaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Piping Material</b> (check all that apply)					
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Galvanic or Sacrificial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify	_____	_____	_____	_____	_____
<b>7. Piping Type</b> (check all that apply)					
“Safe” Suction (no valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conventional Suction (valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressurized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check box if piping has ever been repaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Identification Number										
8. Release Detection (check all that apply)	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
Manual tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank tightness testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line tightness testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No release detection required (such as some types of suction piping, emergency generator tanks or field constructed tanks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other method allowed by implementing agency (such as SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify _____										

#### 9. Spill and Overfill Protection

Overfill Prevention Method: ☐ Ball Float Valve in Vent ☐ High Level Alarm ☐ Drop Tube Shut-off ☐ Other (specify) \_\_\_\_\_

Spill Prevention Method: ☐ Spill Containment Basin ☐ Other (specify) \_\_\_\_\_

#### 10. Financial Responsibility

Owner has met the financial responsibility requirements (in accordance with 40 CFR Subpart H) by using the following mechanisms: Check all that apply

- ☐ Self Insurance
 ☐ Guarantee
 ☐ State Fund
 ☐ Commercial Insurance
 ☐ Surety Bond  
☐ Trust Fund
 ☐ Risk Retention Group
 ☐ Letter of Credit
 ☐ Local Govt Financial Test
 ☐ Bond Rating Test  
☐ Other(describe) \_\_\_\_\_

#### 11. Certification of Installation: Installer Of Tank And Piping Must Check All That Apply:

- ☐ Installer certified by tank and piping manufacturers  
☐ Installer certified or licensed by the implementing agency  
☐ Installation inspected by a registered engineer  
☐ Installation inspected and approved by implementing agency  
☐ Manufacturer's installation checklists have been completed

Signature of UST Installer Certifying Proper Installation of UST System

\_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Position \_\_\_\_\_ Company \_\_\_\_\_